

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**10/517256**

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
			IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1			1		1		51				
2	1				1		1		52				
3		2				1		53					
4		1				1		54					
5		1				1		55					
6		1				1		56					
7		1				1		57					
8		1				1		58					
9		1				1		59					
10		1				1		60					
11		1				1		61					
12	1				1		1		62				
13	1				1		1		63				
14	1				1		1		64				
15		3				1		65					
16		3				1		66					
17		3				1		67					
18								68					
19								69					
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44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	5		↓		5		↓	5		↓		0	
TOTAL DEP.	19	←			12	←		19	←			0	←
TOTAL CLAIMS	24				17			24				0	